

REQUEST FOR ACCESS TO COPYRIGHTED PUBLIC RECORD(S)

Date:	
Name:	
Record Reque	st:
_	e that any reproduction of copyrighted public records may be a violation of right Law to which civil and criminal penalties may apply.
I certify that (c	check one):
the owner of a	any copies made of copyrighted public records are made according to written from the copyright claimant of record or his, her or its designated agent, or from ny exclusive rights in the copyright as long as this ownership can be demonstrated dence of such ownership; or
criticism, com	any copies made of copyrighted public records are made for the sole purpose of ment, teaching, or news reporting.
request.	I will not make any copies of the public records furnished to me under this
Signature	 Date



INFORMATION REQUEST FORM

		Date of Request:				
		Telephone:				
		Other :				
	-					
	OTES:					
1.	9	ole for public inspection at no charge, except those records exempted by aspected in the presence of a Wellington employee.				
2.	Copies requested will be provided upon payment according to the fee schedule at the bottom of this form.					
3.	If the nature or volume of public records requested to be inspected, examined, or copied is such as to re quire extensive information technology resources or extensive clerical or supervisory assistance by Wel lington personnel, Wellington may charge, in addition to the actual cost of duplication, a special service charge as provided for in Chapter 119 of the Florida Statues.					

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			Subtotal	=	\$			
		Less 6	pages @ \$.15	=	\$ <u>90</u>			
			Total	=	\$			
**Maps & Plans are not subject to the 6 page rule.								
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Comments: _								
Amount Collected:			Date Collected:					
Date Completed:			Completed By:					
Origination I	Department:							

Return this form to: Clerk's Office 12300 W. Forest Hill Blvd. Wellington, Fl. 33414 561-791-4042 Fax 561-791-4045 trogers@wellingtonfl.gov